1. County of		
	BUREAU OF VITAL STA	TISTICS State Index No. 21.
District of	ORIGINAL CERTIFICATE	OF BIRTH Co. Registrar No
Town of		Local Registrar No
or M'	-	÷
City of Miseur	No	
P (If birth	h occurred in a hospital or institut	tion, give its NAME instead of street and nu
2. Full name of child ledes	Lopes	If child is not yet named, supplemental report, as di
	triplet or other 6. Legiti-	7. Date 7/
3. Sex of To be answered 4. Twin, Color of ONLY in event of	mate?	of lov. 1- 90
all iplural births. ) 5. No., in	order of birth	birth (Month, day,
8. FATHER	14. Full	MOTHER
Full / /	ruii   maiden	1. 10.
name Duga Lopes	name	Sabel Toledo
	15. Residen	7, '
9. Residence (Usual place di abode)	/TIe112	I place of abode)
If nonresident, give place and Staty	au If nonre	sident, give place and State
10. Color or	2 6 / 16. Color of	M . /
race thete , 11. Age at last birtho	day 3 (Years)	17. Age at last birthday 3.U.
11		ace (city or place)
12. Birthplace (city or place)(State or country)		e or country)
40. Oation	19. Occupa	ition //
10.0000	Nature	of Industry Alest When
14actire of initiastry		
20. Number of children of this mother (Taken as of time of birth of child here-	A Ross alive and now living 2	b) Born alive but now dead (c) Stillborn
III Cel circe and incident		<u> </u>
CERTIFICATE C	OF ATTENDING PHYSIC	CIAN OR MIDWIFE.
I hereby certify that I attended the birth	of this child, who was(Born alive	or states n) O 1 1 to 12
*When there was no attending physician or midwife, then the father, householder,	Signature	E. V. 0009 11
etc., should make this return. A stillborn child is one that neither breathes nor	W421	Physician or midwife)
I child is one that neither preather nor )	Address	/ Marie
shows other evidence of life after birth.		
Shows other evidence of life after pirth.  Given name added from	Filed Yw 27	, 1922 B. W. Hard, My C.E.
' shows other evidence of life after birth.	. / ~	1922 3. W. Hard by C.E. S. Local Registr